



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

July 29, 2010

Rex Redden, Administrator
Idaho Falls Group Home #4 (Summit)
P.O. Box 50457
Idaho Falls, ID 83405-0457

RE: Idaho Falls Group Home #4 (Summit,) Provider #13G071

Dear Mr. Redden:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Idaho Falls Group Home #4 Summit, on July 20, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

Rex Redden, Administrator
July 29, 2010
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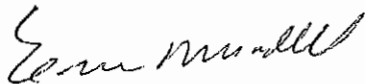
within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **August 11, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eric Mundell".

ERIC MUNDELL
Health Facility Surveyor
Fire Life Safety & Construction Program

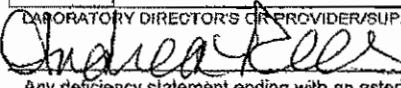
EM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 07/29/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G071	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2010
NAME OF PROVIDER OR SUPPLIER IDAHO FALLS GROUP HOME #4 (SUMMIT)		STREET ADDRESS, CITY, STATE, ZIP CODE 3612 SUMMIT IDAHO FALLS, ID 83402		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a single story, type V (III) building built in 1999. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for six (6) beds. The following deficiency was cited during the annual Fire/Life Safety survey conducted on July 20, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability and 42 CFR 483.470 (j). The survey was conducted by: Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	K 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">AUG 30 2010</p> <p style="text-align: center;">FACILITY STANDARDS</p>	
K0149	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2 This Standard is not met as evidenced by: Based on observation it was determined that facility had not ensured that the smoking area was maintained to assure the safety of six of six residents. The census was six.	K0149		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (TITLE) (X6) DATE
 Sharon E. Jones Administrator 9/1/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K0149	<p>Continued From page 1</p> <p>The findings include:</p> <p>Observation on July 20, 2010 at 10:30 a.m. disclosed that the designated smoking area did not have a covered cigarette butt can used to safely store spent smoking materials.</p> <p>Lack of a covered (safety type) receptacle for disposal and storage of smoking materials would potentially cause an uncontrolled fire in the designated smoking area or in the large garbage cans serving the facility to affect six of six residents. The condition was observed by the maintenance director and surveyor.</p>	K0149	<p>KO 149</p> <p>1. All individuals have the potential to be affected this practice. New covered cigarette container will be bought for all homes in need of one.</p> <p>2. The maintenance personnel will check each month when doing their home maintenance checks to ensure that cigarette receptacles are in place, in good repair and being used properly. They will not each month on the maintenance checkoff sheet if replacement or repair needs to be done. Weekly checks will be done by the administrator to ensure that cigarette receptacles are in place, in good repair and being used properly. They will replace any needed receptacle. If a receptacle is lost or damaged staff will be trained to report this to the home supervisor so the receptacle can be repaired or replaced.</p> <p>3. This will be completed by September 20, 2010</p>		

IDHW

9/2/2010 10:56:55 AM PAGE 3/003 Fax Server

PRINTED: 07/29/2010
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G071	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2010
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M 000	16.03.11 Initial Comments The facility is a single story, type V (III) building built in 1999. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for six (6) beds. The following deficiency was cited during the annual Fire/Life Safety survey conducted on July 20, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability and IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF-MR). The Survey was conducted by: Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to CMS 2567 and K tag K149 regarding smoking provisions.	MM309	MM309 Referral to K0018	
MM327	16.03.11.110.02(h) Emergency Electrical Service Each facility must provide emergency electrical service for at least the exit passageway lighting.	MM327		

RECEIVED

AUG 30 2010

FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

021199

7K7T21

If continuation sheet 1 of 2

Bureau of Facility Standards

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MM327	<p>Continued From Page 1</p> <p>hall lighting, and the fire alarm system. This Rule is not met as evidenced by: Based on observation it was determined the facility had not ensured that the emergency lighting was operable for one of one light tested and which potentially affected six of six residents. The census was six on the day of the survey.</p> <p>The findings include:</p> <p>Observation on July 20 at 10:30 a.m. disclosed that the emergency lighting for illumination of the common area/emergency passageway did not illuminate upon pressing of the test button. Lack of lighting in a power failure would slow six of six residents' responses for exiting.</p> <p>The condition was observed by both the maintenance director and the surveyor.</p>	MM327	<p>MM327</p> <p>1. All individuals have the potential to be affected by this practice. All emergency lighting is in working order at this time.</p> <p>2. The maintenance personal will check each month when doing their home maintenance checks to ensure that all emergency lighting is in working order. He will report any that are not to the administrator immediately so new ones can be ordered. He will turn in his monthly reports to the administrator for review.</p> <p>3. This has been completed at this time. All emergency light are in working order.</p>	7/2/10